MIAMI DADE COUNTY FINANCE DEPARTMENT
STOP PAYMENT REQUEST

DATE:

CHECK NUMBER:	

CHECK DATE:	
PAYABLE TO:	
ADDRESS:	
CITY, STATE, ZIP:	

TELEPHONE #:	
FAX #:	
ATTTENTION:	

CHECK TOTAL:	

REASON FOR STOP PAYMENT:	

IS CHECK TO BE REISSUED:	YES:	NO:

SUBMITTED BY:	
TEL. NUMBER:	
FAX NUMBER:	

PLEASE FAX THIS FORM TO MAGGIE CABRERA AT (305) 375-1730 OR CALL (305) 375-5111 EXT. 8794